

SERFF Tracking Number: GRWE-128447543 State: Arkansas
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number:
Company Tracking Number: J555APPREV
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Individual Flexible Premium Variable Annuity
Project Name/Number: Variable Annuity Application/Variable Annuity Application

Filing at a Glance

Company: Great-West Life & Annuity Insurance Company

Product Name: Individual Flexible Premium SERFF Tr Num: GRWE-128447543 State: Arkansas

Variable Annuity

TOI: A03I Individual Annuities - Deferred
Variable

SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: J555APPREV

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Tanya Gonzales, Derek
Smith

Disposition Date: 06/07/2012

Date Submitted: 06/04/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Variable Annuity Application

Status of Filing in Domicile: Not Filed

Project Number: Variable Annuity Application

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Exempt in state of
domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/07/2012

State Status Changed: 06/07/2012

Deemer Date:

Created By: Derek Smith

Submitted By: Derek Smith

Corresponding Filing Tracking Number:

Filing Description:

Individual Flexible Premium Variable Annuity Application

State Narrative:

Company and Contact

Filing Contact Information

Derek Smith , Compliance Analyst

drek@gwl.com

SERFF Tracking Number: GRWE-128447543 State: Arkansas
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number:
Company Tracking Number: J555APPREV
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Individual Flexible Premium Variable Annuity
Project Name/Number: Variable Annuity Application/Variable Annuity Application

8515 E. Orchard Rd. 303-737-2749 [Phone]
Greenwood Village, CO 80110

Filing Company Information

Great-West Life & Annuity Insurance Company CoCode: 68322 State of Domicile: Colorado
8515 East Orchard Road Group Code: 769 Company Type:
Greenwood Village, CO 80111 Group Name: State ID Number:
(303) 737-3992 ext. [Phone] FEIN Number: 84-0467907

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: 1 application x \$50.00 = \$50.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great-West Life & Annuity Insurance Company	\$50.00	06/04/2012	59670942

SERFF Tracking Number: GRWE-128447543 State: Arkansas
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number:
Company Tracking Number: J555APPREV
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Individual Flexible Premium Variable Annuity
Project Name/Number: Variable Annuity Application/Variable Annuity Application

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	06/07/2012	06/07/2012

SERFF Tracking Number: GRWE-128447543 *State:* Arkansas
Filing Company: Great-West Life & Annuity Insurance Company *State Tracking Number:*
Company Tracking Number: J555APPREV
TOI: A03I Individual Annuities - Deferred Variable *Sub-TOI:* A03I.002 Flexible Premium
Product Name: Individual Flexible Premium Variable Annuity
Project Name/Number: Variable Annuity Application/Variable Annuity Application

Disposition

Disposition Date: 06/07/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GRWE-128447543 State: Arkansas

Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number:

Company Tracking Number: J555APPREV

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Individual Flexible Premium Variable Annuity

Project Name/Number: Variable Annuity Application/Variable Annuity Application

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Cover Letter		Yes
Form	Variable Annuity Application		Yes

SERFF Tracking Number: GRWE-128447543 State: Arkansas

Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number:

Company Tracking Number: J555APPREV

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: Individual Flexible Premium Variable Annuity

Project Name/Number: Variable Annuity Application/Variable Annuity Application

Form Schedule

Lead Form Number: J555apprev

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	J555apprev	Application/ Variable Annuity Enrollment Application Form	Initial			J555apprev.pdf

Individual Flexible Premium Variable Annuity Application

All correspondence will be sent to this address. If a Trust, give Trust Name, Trustee and Trust date.	
Ownership Type: <input type="checkbox"/> Qualified Plan <input type="checkbox"/> Non-Qualified Plan <input type="checkbox"/> Individual <input type="checkbox"/> Trust	
Contract Owner:	Joint Owner (Spouse only): <i>*Not applicable if this is a Qualified Annuity Contract</i>
Full Legal Name	Full Legal Name
Street Address (no P.O. Box please)	Street Address
Street Address (continued)	Street Address (continued)
City, State Zip	City, State Zip
Email Address	Email Address
Phone – daytime	Phone – daytime
Phone – evening	Phone – evening
Social Security # or Tax ID	Social Security # or Tax ID
Date of Birth	Date of Birth
Date of Trust & Trustee Name	

Annuitant: <input type="checkbox"/> Annuitant is the same as Owner.	Contingent Annuitant: <input type="checkbox"/> Contingent Annuitant is the same as Joint Owner <i>*Not applicable if this is a Qualified Annuity Contract</i>
Full Legal Name	Full Legal Name
Street Address	Street Address
City, State Zip	City, State Zip
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Email Address	Email Address
Phone	Phone
Social Security # or Tax ID	Social Security # or Tax ID
Date of Birth	Date of Birth

Beneficiary

If you need additional space, please use a separate sheet.

If no Beneficiary is named, the Owner's estate will be deemed to be the Beneficiary.

Name (first/middle/last)	SSN	Birth date or Trust Date	Percentage	Relationship
Name (first/middle/last)	SSN	Birth date or Trust Date	Percentage	Relationship
Name (first/middle/last)	SSN	Birth date or Trust Date	Percentage	Relationship

Percentages must equal 100%. (Please use whole numbers; no fractional percentages)

Contingent Beneficiary

If you need additional space, please use a separate sheet.

The naming of a Contingent Beneficiary is optional.

Name (first/middle/last)	SSN	Birth date or Trust Date	Percentage	Relationship
Name (first/middle/last)	SSN	Birth date or Trust Date	Percentage	Relationship
Name (first/middle/last)	SSN	Birth date or Trust Date	Percentage	Relationship

Percentages must equal 100%. (Please use whole numbers; no fractional percentages)

Source of Funds:

Minimum initial contribution: [\$10,000.]

Subsequent minimum contributions: \$500; \$100 if paid through an Automatic Bank Draft.

Qualified:

- ☐ Transfer all or a portion of funds from my existing IRA annuity or other qualified plan. (*Complete IRA Rollover/Transfer Form.*)
- ☐ Check is attached for a new IRA for tax year(s): _____.

Non-Qualified:

- ☐ Transfer all or a portion of funds from my existing annuity or life insurance policy. (*Additional forms are required.*)
- ☐ Transfer \$ _____ from my brokerage account number _____.
- ☐ Check is attached.

Death Benefit Options:

Select one: (*Death Benefit Option 1 will apply unless Option 2 is chosen.*)

Mortality & Expense Charge

- ☐ Death Benefit Option 1 – Return of Account Value [.25%]
- ☐ Death Benefit Option 2 – Guaranteed Minimum Death Benefit* [.45%]

***Death Benefit Option 2 is not available to any Owner, Annuitant, or Contingent Annuitant over age 80.**

Sub-Accounts Initial premium will be allocated to the Sub-Accounts specified below subject to the Right to Examine provisions on the front cover of your Contract. Your allocation of premium to an Income Sleeve Sub-Account signifies your election of the GLWB.

%	Alger Small Cap Growth Portfolio I-2	%	Maxim Lifetime 2025 II T
%	American Century VP Inflation Prot II	%	Maxim Lifetime 2035 II T
%	American Century VP Mid Cap Value II	%	Maxim Lifetime 2045 II T
%	Columbia VP Small Cap Value 2	%	Maxim Lifetime 2055 II T
%	Delaware VIP Emerging Markets Svc	%	Maxim Loomis Sayles Bond I
%	Delaware VIP Small Cap Value Series Svc	%	Maxim Loomis Sayles SmallCap Value I
%	Delaware VIP REIT Series Svc	%	Maxim MFS International Growth Portfolio I
%	Dreyfus IP Technology Growth Svc	%	Maxim Moderate Profile I
%	Dreyfus VIF Appreciation Svc	%	Maxim Moderately Aggressive Profile I
%	Dreyfus VIF International Value Svc	%	Maxim Moderately Conservative Profile I
%	DWS Capital Growth VIP B	%	Maxim Money Market Port
%	DWS Dreman Small Mid Cap Value VIP B	%	Maxim Putnam High Yield Bond I
%	DWS Global Small Cap Growth VIP B	%	Maxim S&P 500 Index Portfolio I
%	DWS Large Cap Value VIP B	%	Maxim S&P Midcap 400® Index I
%	Invesco Van Kampen VI Gr and Inc Ses II	%	Maxim S&P SmallCap 600® Index Portfolio
%	Invesco VI Core Equity II	%	Maxim Short Duration Bond I
%	Invesco VI Global Real Estate II	%	Maxim Stock Index I
%	Invesco VI International Growth II	%	Maxim T. Rowe Price MidCap Growth I
%	Invesco VI Small Cap Equity II	%	Maxim Templeton Global Bond I
%	Janus Aspen Balanced Svc	%	Maxim US Government Mort Secs I
%	Janus Aspen Flexible Bond Svc	%	Neuberger Berman AMT Socially Responsive S
%	Janus Aspen Overseas Svc	%	PIMCO VIT Commodity Real Ret Strat Adv
%	Janus Aspen Perkins Mid Cap Value Svc	%	PIMCO VIT Low Duration Adv
%	Lazard Retirement US Sm-Mid Cap Eq Ser	%	PIMCO VIT Real Return Adv
%	Maxim Aggressive Profile I	%	PIMCO VIT Total Return Adv
%	Maxim Ariel Midcap Value I	%	Putnam VT American Government Inc IB
%	Maxim Bond Index I	%	Putnam VT Capital Opportunities IB
%	Maxim Conservative Profile I	%	Putnam VT International Growth IB
%	Maxim Federated Bond Portfolio I	%	Putnam VT Voyager IB
%	Maxim International Index I	%	T. Rowe Price VIP Health Sciences Port II
%	Maxim Invesco ADR I	%	UIF Mid Cap Growth II
%	Maxim Lifetime 2015 II T	%	Van Eck VIP Tr Global Hard Assets S]

Income Sleeve Sub-Account (Upon allocation to any of the below Sub-Accounts, you are electing the Rider)

%	[Maxim Secure Foundation SM Balanced Portfolio (Class L) ¹]	
		Total Investment Sleeve and Income Sleeve Allocation must equal 100%

You may change your allocations online or by calling the Retirement Resource Operations Center at [1-877-723-8723] from 8:00 am-6:30 pm ET.

[Electronic Consent

Great-West Life & Annuity is authorized to provide all regulatory materials, such as the prospectus and annual reports to me in an electronic format ☐ YES ☐ NO Email Address: _____]

¹ I acknowledge that upon an allocation to an Income Sleeve Sub-Account, a Guarantee Benefit Fee applies.

Replacement

Do you have any life insurance or annuity contracts in force?

☐ YES☐ NO

Will any existing annuity or insurance contract, including any Great-West Life & Annuity Insurance Company contracts, be replaced, modified, or any value of any annuity or insurance contract be used to purchase the proposed Contract? (State law requires that you provide this information when you replace any life insurance policy or annuity contract with another.)

☐ **YES, this Contract would replace the life insurance policy or annuity listed below.**

☐ **NO, this Contract would not replace another life insurance policy or annuity.**

Annuitant/Insured on Existing Policy	
Agent Signature	Existing Company
Policy No.	Approximate Amount \$

Note: Carefully consider whether a replacement is in your best interest by making a comparison of your existing contract and the proposed one. We encourage you to contact your current insurance company to determine if there are any charges or penalties that will be assessed upon replacement.

Automatic Bank Draft Form

(optional)

Bank Name	ABA Number
Bank Street Address	City, State Zip
Automatic bank draft start date	Checking Account #
Additional Monthly Amount	
I/We hereby request and authorize the above-referenced bank (the "Bank") to charge my/our account checks or electronic fund transfer debits processed by and payable to the order of Great-West Life & Annuity Insurance Company, Retirement Resource Operations Center, P.O. Box 173920, Denver, CO 80217-3920 provided there are sufficient collected funds in said account to pay the same upon presentation. It will not be necessary for any officer or employee of Great-West Life to sign such checks. I/We agree that the Bank's rights in respect to each such check shall be the same as if it were a check drawn on the Bank and signed personally by me/us. This authority is to remain in effect until revoked by me/us, and until the Bank actually receives such notice, I/we agree that the Bank shall be fully protected in honoring any such check or electronic fund transfer debit. In addition to regular bank draft, I/we authorize such ad hoc drafts as are requested through the Retirement Resource Operations Center. I/We further agree that if any such check or electronic fund transfer debit be dishonored, whether with or without cause and whether intentionally or inadvertently, the Bank shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance or investment loss to me/us.	
Signature(s) EXACTLY as shown on bank records	Signature(s) EXACTLY as shown on bank records
Print full legal name(s) Date	Print full legal name(s) Date

Signatures

I understand that I am applying for a Flexible Premium Variable Annuity, Contract Form J555, issued by Great-West Life & Annuity Insurance Company. I declare that all statements made on this application are true to the best of my knowledge and belief.

I acknowledge receipt of the prospectus for the variable annuity contract. I understand that amounts allocated to a Sub-Account are variable and are not guaranteed as to dollar amount.

I hereby direct that my telephone instructions to the Retirement Resource Operations Center and/or those I submit via any Internet site and/or e-mail address as identified in the prospectus, be honored for transactions unless otherwise notified by me in writing. I understand that telephone calls may be recorded to monitor the quality of service I receive and to verify contract transaction information. The Retirement Resource Operations Center will use reasonable procedures to confirm that instructions communicated by telephone or electronically are genuine. If such procedures are followed, Great-West Life & Annuity Insurance Company will not be liable for any losses due to unauthorized or fraudulent instructions. If a transfer from my brokerage account is indicated in this application, I authorize my broker to transfer the amount specified. I certify under penalty of perjury that the taxpayer identification numbers listed on this application are correct and that I am not subject to backup withholding. The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign Here



_____ Signature of Contract Owner	_____ Date	_____ Signature of Joint Contract Owner	_____ Date
_____ Full Name of Contract Owner		_____ Full Name of Joint Contract Owner	

**For Agent
Use Only**

Does the applicant have existing life insurance policies or annuity contracts? ☐ Yes ☐ No

Do you have reason to believe the annuity applied for will replace any life insurance or annuity with us or with any other company? ☐ Yes ☐ No

Do you believe the contract is suitable for the retirement and insurance needs of the applicant?
☐ Yes ☐ No ☐ Information not provided by the applicant

Agent Signature

Date

Annuity contracts are issued by:

Great-West Life & Annuity Insurance Company

[8515 East Orchard Road, Greenwood Village, Colorado, 80111.]

For Internal Use Only:

_____ Rep Code	_____ Source Code	_____ Lead Source	_____ Date
-------------------	----------------------	----------------------	---------------

FRAUD WARNINGS

[California: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Connecticut: Any person who, knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, determined by a court of competent jurisdiction.

District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.]

SERFF Tracking Number: GRWE-128447543 State: Arkansas
Filing Company: Great-West Life & Annuity Insurance Company State Tracking Number:
Company Tracking Number: J555APPREV
TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium
Product Name: Individual Flexible Premium Variable Annuity
Project Name/Number: Variable Annuity Application/Variable Annuity Application

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: The above captioned forms are exempt from the Flesch readability requirements because the product is a "security" under the federal securities laws.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Application		
Comments:		
Filing is for an application only, please see Form Schedule tab.		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo		
Bypass Reason: N/A - Application filing only.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter		
Comments:		
Attachment:		
AR Letter.pdf		



8515 East Orchard Road
Greenwood Village, CO 80111 Tel. (303) 737-3000
Address mail to: P.O. Box 1700, Denver, CO 80201
www.gwla.com

June 4, 2012

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

NAIC No.: 769-68322

RE: Form No. Name of Form
 J555apprev **Individual Flexible Premium Variable Annuity Application**

Great-West Life & Annuity Insurance Company ("Great-West" or the "Company"), encloses the above-captioned form for your review and approval. This form replaces previously approved form J555app, approved on 10/04/2011 under SERFF Tracking # GRWE-127655589.

The only changes from the previously approved application are listed below:

- Added section to select Ownership Type
- Added Date of Trust & Trust Name
- Added option for electronic delivery

Individual Flexible Premium Variable Annuity Application, Form J555apprev, the application will be used to apply for annuity form J555SA, approved on 10/04/2011 under SERFF Tracking # GRWE-127655589. The list of funds may change from time to time as new funds are made available, or existing funds become unavailable.

* * * * *

- The above captioned forms are exempt from the Flesch readability requirements because the product is a "security" under the federal securities laws.
- The above captioned forms are not intended for internet use.
- No advertising or other marketing material has been developed.
- The forms are exempt from filing in Colorado, the Company's state of domicile, pursuant to Regulation 5-92. Colorado requires a fee to be paid each February 28th based on the Company's direct written premium. If appropriate, a retaliatory fee has been paid in your state in conjunction with your annual premium tax return.

All bracketed material in the forms is variable. These forms are submitted in final print, but the Company reserves the right to change the spacing and font size of the type without re-filing.

To the best of our knowledge, this submission complies with the Uniform Standards of the IIRPC. We look forward to your approval, but if you have any questions or need further information, kindly call me at (303) 737-5829.

Sincerely,

A handwritten signature in black ink that reads "Tanya D. Gonzales". The signature is fluid and cursive, with the first name "Tanya" being the most prominent.

Tanya D. Gonzales
Manager, Individual Markets
(FAX) 303-737-5829
(PHONE) 800-537-2033, extension 75829
E-MAIL: Tanya.gonzales@gwl.com